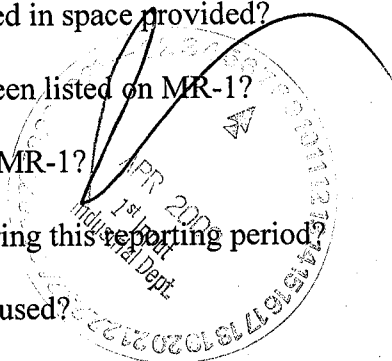
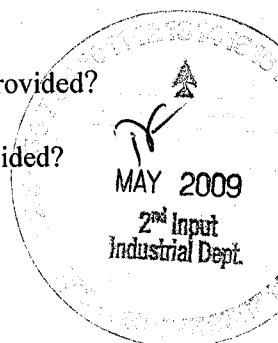


MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES**ALLEN SUPPLY****27220006-1****1. MONTH OF MARCH 1, 2009 THRU MARCH 31, 2009**

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input type="radio"/> Y | N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input type="radio"/> Y | N | <input checked="" type="radio"/> N/A |



c.j.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006

First Reviewer: comments on deficiencies DID NOT SUBMIT MR-3 / COMPLETEDate Reviewed 5/13/09 Date sent to user _____Date due back _____ Reviewer e.g.m.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

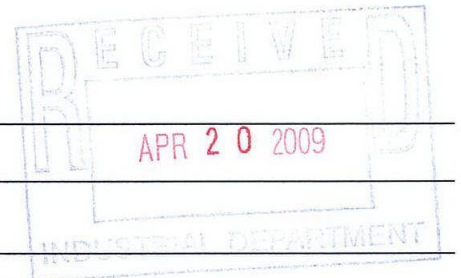
Date due back _____ Reviewer _____

Date _____ Reviewer _____

CAUW PRETREATMENT MONITORING REPORT

NAME: Allen Linen Supply and Laundry Service IncMAILING ADDRESS: 407 20th Ave Paterson N.J. 07513FACILITY LOCATION: 971 E 24th Street Paterson N.J. 07513CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Chris GomezTELEPHONE: 973-742-6131NEW CUSTOMER ID / OUTLET ID: 27220006

OLD OUTLET DESIGNATION: _____



MONITORING PERIOD					
Start			End		
3	01	09	3	31	09
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day _____

Total Flow-gal/day ~~156461~~ ~~172107~~156,461172,107

Method Used: _____

3442160 gallons Divided by 22=156461

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement	<0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.074 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.0042		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	<0.0005		Mg/l	1	-Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	0.00454		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.130 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-HEM	Sample Measurement	ND < 5		Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets): _____

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

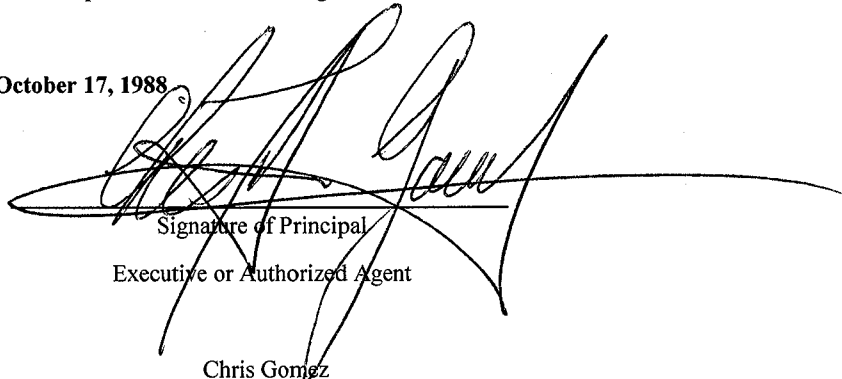
parameter used: Allen Linen is in compliance with the rules and regulations of PVSC

Explain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph less than 2

No te: no changes made to the plot plan for this facility

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal
Executive or Authorized Agent
Chris Gomez

Operations Manager

Type Name and Title

4/7/09

Date

**ANALYTICAL DATA REPORT**

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING**Lab Case Number: E09-02388**

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 02388-001
 Client ID: WASTEWATER COMPOSITE
 Matrix-Units: Aqueous-mg/L
 Percent Moisture: 100

Date Sampled: 3/9/2009
 Time Sampled: NA
 Date Analyzed: 3/11/09

Parameter	Result	Q	MDL
Cadmium	ND		0.001
Copper	0.074		0.008
Lead	0.0042		0.002
Mercury	ND		0.0005
Nickel	0.00454		0.004
Zinc	0.130		0.008

General Analytical

Lab ID: 02388-001
 Client ID: WASTEWATER COMPOSITE
 Percent Moisture: 100

Date Sampled: 3/9/2009
 Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	748	2.00	Aqueous-mg/L	3/11/2009 8:00
Total Suspended Solids	258	25.0	Aqueous-mg/L	3/11/2009 11:00

ND = Analyzed for but Not Detected at the MDL

273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

**ANALYTICAL DATA REPORT**

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING
Lab Case Number: E09-02388

MDL = METHOD DETECTION LIMIT

General Analytical


Lab ID: 02388-002
Client ID: WASTE GRAB
Percent Moisture: 100

Date Sampled: 3/9/2009
Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
TPH- SGT HEM	ND	5.00	Aqueous-mg/L	3/17/2009 11:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:


Michael H. Leftin, Ph.D.
Laboratory Director

273 Franklin Road
Randolph, NJ 07869
Phone: 973 361 4252
Fax: 973 989 5288



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Allen Linen Process Water Meter Reading

03/01/09 starting water meter reading 95545899 gallons

03/31/09 ending meter reading 98988059 gallons

98988059

95545899

3442160 gallons

3442160 total gallons for the month of March

3442160 divided by 22 days = 156461 gallons per day

Allen Linen 03/09 Sanitary Meter Reading

841709 starting reading

849830 ending reading

849830

841709

8121 gallons

8121 divided by 22 = 369gpd

7 ROP Down BoxNON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITSNAME: ALLEN LINEN SUPPLY

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220006-1

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____ Lead ☒ Zinc _____Cadmium ☒ Mercury ☒

Chromium _____ Molybdenum _____

Copper _____ Nickel ☒

SAMPLE DATE

MONTH DAY YEAR

3 09 09

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
<u>CADMIUM</u>	Sample Measurement	<u><0.001</u>	n	<u>mg/l</u> <u>1</u>	<u>Comp.</u>
	Threshold Value	<u>0.005</u>			
<u>LEAD</u>	Sample Measurement	<u>0.00421</u>	n		
	Threshold Value	<u>0.029</u>			
<u>MERCURY</u>	Sample Measurement	<u><0.0005</u>	n		
	Threshold Value	<u>0.001</u>			
<u>NICKEL</u>	Sample Measurement	<u>0.00454</u>	n		
	Threshold Value	<u>0.02</u>			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96